

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Good Samaritan Hospice USA, Inc.**Case No. **09-80591**

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Location: 402 E. Doctor Hicks Blvd., Florence AL	-	40.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		First Metro Bank 406 West Avalon Muscle Shoals, AL 35661	-	51,890.85
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **51,930.85**
(Total of this page)

In re **Good Samaritan Hospice USA, Inc.**Case No. **09-80591**

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Due from Medicare, Medicaid and Blue Cross/Blue Shield	-	136,496.25
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **136,496.25**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

In re **Good Samaritan Hospice USA, Inc.**Case No. **09-80591**

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		See Attached List Location: 402 E. Doctor Hicks Blvd., Florence AL	-	13,028.79
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		See attached list Location: 402 E. Doctor Hicks Blvd., Florence AL	-	911.62
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	13,940.41
(Total of this page)	
Total >	202,367.51

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

22041 GOOD SAMARITAN HOSPICE USA, INC.
20-0146405
FYE: 12/31/2008

Tax Asset Detail 1/01/08 - 12/31/08

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: AUTOS AND TRUCKS											
9	VOLKSWAGON	3/31/05	12,000.00	12,000.00	0.00	12,000.00	0.00	12,000.00	0.00	200DB	5.0
18	VOLKSWAGON	9/08/05	8,882.75	8,882.75	0.00	8,882.75	0.00	8,882.75	0.00	200DB	5.0
23	VW DIESEL	12/27/05	9,028.92	9,028.92	0.00	9,028.92	0.00	9,028.92	0.00	200DB	5.0
26	2006 SUZUKI	5/30/06	11,316.07	11,316.07	0.00	11,316.07	0.00	11,316.07	0.00	200DB	5.0
27	2006 SUZUKI	9/14/06	17,091.56	17,091.56	0.00	17,091.56	0.00	17,091.56	0.00	200DB	5.0
28	WATER PUMP FOR JETTA	12/04/06	2,103.01	0.00	0.00	904.29	0.00	1,383.78	0.00	200DB	5.0
29	SUZUKI RENO	12/29/06	18,274.77	18,274.77	0.00	18,274.77	0.00	18,274.77	0.00	200DB	5.0
30	SUZUKI RENO	12/29/06	18,274.76	18,274.76	0.00	18,274.76	0.00	18,274.76	0.00	200DB	5.0
32	SUZUKI RENO	1/19/07	12,822.45	0.00	0.00	2,564.49	4,103.18	6,667.67	6,154.78	200DB	5.0
33	SUZUKI RENO	1/19/07	12,822.45	0.00	0.00	2,564.49	4,103.18	6,667.67	6,154.78	200DB	5.0
Group: FURNITURE & FIXTURES											
1	3 OFFICE CHAIRS	8/01/03	527.00	0.00	263.50	509.61	17.39	527.00	0.00	200DB	5.0
2	WAITING ROOM FURNITURE	9/10/03	1,600.00	0.00	800.00	1,547.20	52.80	1,600.00	0.00	200DB	5.0
3	LAPTOP COMPUTER	2/06/04	1,379.00	0.00	689.50	1,293.58	75.93	1,369.51	9.49	200DB	5.0
8	OFFICE FURNITURE	11/03/04	1,308.00	0.00	654.00	1,078.17	65.67	1,143.84	164.16	200DB	5.0
10	OFFICE FURNITURE	1/10/05	2,140.00	0.00	0.00	2,140.00	0.00	2,140.00	0.00	200DB	7.0
11	OFFICE FURNITURE	1/17/05	881.39	881.39	0.00	881.39	0.00	881.39	0.00	200DB	7.0
13	OFFICE FURNITURE	2/07/05	4,650.75	4,650.75	0.00	4,650.75	0.00	4,650.75	0.00	200DB	7.0
14	DESK AND TV	2/14/05	712.62	712.62	0.00	712.62	0.00	712.62	0.00	200DB	7.0
15	OFFICE FURNITURE	2/15/05	4,650.75	4,650.75	0.00	4,650.75	0.00	4,650.75	0.00	200DB	7.0
19	FURNITURE	10/24/05	14,700.00	14,700.00	0.00	14,700.00	0.00	14,700.00	0.00	200DB	7.0
20	DESKS	10/31/05	1,350.00	1,350.00	0.00	1,350.00	0.00	1,350.00	0.00	200DB	7.0
22	OFFICE FURNITURE	11/15/05	14,744.88	14,744.88	0.00	14,744.88	0.00	14,744.88	0.00	200DB	7.0
Group: LEASEHOLD IMPROVEMENTS											
24	LEASEHOLD IMPROVEMENTS	12/06/05	10,924.09	0.00	0.00	1,547.57	728.27	2,275.84	8,648.25	S/L	15.0
25	LEASEHOLD IMPROVEMENTS	12/16/05	1,839.30	0.00	0.00	260.57	122.62	383.19	1,456.11	S/L	15.0
Group: MEDICAL EQUIPMENT											
4	02 SAT MONITOR	8/15/03	540.00	0.00	270.00	522.18	17.82	540.00	0.00	200DB	5.0
17	DIGIT FINGER OXIMETER	10/01/05	631.64	631.64	0.00	631.64	0.00	631.64	0.00	200DB	5.0
Group: OFFICE EQUIPMENT											
5	LARGE FIRE-PROOF SAFE	8/01/03	500.00	0.00	250.00	483.50	16.50	500.00	0.00	200DB	5.0
6	SPRINT PHONE SYSTEM	8/10/03	2,926.00	0.00	1,463.00	2,829.44	96.56	2,926.00	0.00	200DB	5.0
7	COPPER, SCANNER, PRINTER, F	8/08/03	5,380.00	0.00	2,690.00	5,202.46	177.54	5,380.00	0.00	200DB	5.0
12	BILLING COMPUTER	1/24/05	637.48	637.48	0.00	637.48	0.00	637.48	0.00	200DB	5.0

22041 GOOD SAMARITAN HOSPICE USA, INC.
 20-0146405
 FYE: 12/31/2008

Tax Asset Detail 1/01/08 - 12/31/08

Page 2

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: OFFICE EQUIPMENT (continued)											
21	COMPUTERS	11/07/05	2,568.17	2,568.17	0.00	2,568.17	0.00	2,568.17	0.00	200DB	5.0
31	EXERCISE EQUIPMENT	12/04/06	1,500.00	0.00	0.00	466.84	295.19	762.03	737.97	200DB	7.0
	OFFICE EQUIPMENT		13,511.65	0.00c	4,403.00	12,187.89	585.79	12,773.68	737.97		
Grand Total			198,707.81	0.00c	7,080.00	164,310.90	10,352.14	174,663.04	24,044.77		

In re **Good Samaritan Hospice USA, Inc.**Case No. **09-80591**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Subtotal (Total of this page)							
Total (Report on Summary of Schedules)						0.00	0.00

0 continuation sheets attached

In re **Good Samaritan Hospice USA, Inc.**Case No. **09-80591**

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Alabama Department of Revenue PO Box 327483 Montgomery, AL 36132			Payroll Taxes				Unknown	Unknown
							Unknown	0.00
Account No.								
Internal Revenue Service PO Box 21126 Philadelphia, PA 19114			Payroll taxes				158,000.00	158,000.00
							158,000.00	0.00
Account No.								
Account No.								
Account No.								
Subtotal							158,000.00	158,000.00
(Total of this page)							158,000.00	0.00
Total							158,000.00	158,000.00
(Report on Summary of Schedules)							158,000.00	0.00

 Sheet 1 of 1 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Priority Claims

In re **Good Samaritan Hospice USA, Inc.**Case No. **09-80591**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt				357.58
A&E Medical PO Box 1332 Florence, AL 35630		-					
Account No.			Trade Debt				2,273.12
Alabama Rehab Works 118 Helton Court Florence, AL 35630		-					
Account No.			Trade Debt				1,324.78
Alabama Healthcare Equipment 900 Woodward Ave. Muscle Shoals, AL 35661		-					
Account No.			Trade Debt				99.00
Allen Thornton Tech. 7275 Highway 72 West Killen, AL 35645		-					
Subtotal (Total of this page)							4,054.48

14

continuation sheets attached

14 continuation sheets attached

In re **Good Samaritan Hospice USA, Inc.**Case No. **09-80591**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Credit Card				
American Express PO Box 650448 Dallas, TX 75265	-						32,587.00
Account No. 3712-746232-32008			Credit Card Debt (Rajesh Boorgu)				
American Express PO Box 6500448 Dallas, TX 75265	-						34,176.50
Account No.			Trade Debt				
American Homepatient PO Box 532906 Atlanta, GA 30353	-						2,828.96
Account No.			Trade Debt				
AT&T Advertising 2247 Northlake Parkway Tucker, GA 30084	-						10,825.00
Account No.			Trade Debt				
AT&T Wireless PO Box 6463 Carol Stream, IL 60197	-						484.82

Sheet no. 1 of 14 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

80,902.28

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt				
Athens Limestone Hospital PO Box 999 Athens, AL 35612	-						434.79
Account No.			Trade Debt				
Athens Limestone Medical 700 W. Market St. Athens, AL 35611	-						773.75
Account No.			Trade Debt				
Berney Office Solutions 306 Wynn Dr. Huntsville, AL 35805	-						140.40
Account No.			Trade Debt				
Brewer Medical 2724 North Jackson Highway Sheffield, AL 35660	-						22,862.91
Account No.			Trade Debt				
Burns Nursing Home 701 Monroe St. Russellville, AL 35653	-						3,496.34

Sheet no. 2 of 14 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

27,708.19

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Trade Debt				
Burr & Forman, LLP PO Box 830719 Birmingham, AL 35283		-					474.50
Account No.			Trade Debt				
Cam-Lar Direct PO Box 261 Sumiton, AL 35148		-					3,723.30
Account No.			Trade Debt				
Carter Oil 604 East Second St. Sheffield, AL 35660		-					6,067.84
Account No.			Trade Debt				
Coffee Health Group PO Box 10005 Florence, AL 35631		-					26,460.00
Account No.			Trade Debt				
Comcast Cable PO Box 105184 Atlanta, GA 30348		-					81.05

Sheet no. 3 of 14 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

36,806.69

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt				
Community Health PO Box 426 16422 Hwy. 72 Rogersville, AL 35652	-						680.00
Account No.			Trade Debt				
Crestwood Medical PO Box 849007 Dallas, TX 75284	-						870.14
Account No.			Trade Debt				
Daisy Dreams Floral 2403 Woodward Ave. Muscle Shoals, AL 35661	-						73.03
Account No.			Trade Debt				
Dixie Signs & Decals 3116 Northington Ct. Florence, AL 35630	-						84.63
Account No.			Trade Debt				
EHO Prescription Benefit Program PO Box 360 Belton, TX 76513	-						56,806.50

Sheet no. 4 of 14 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

58,514.30

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Trade Debt				
Florence MRI Diagnostic 552 West Alabama St. Florence, AL 35630		-					67.35
Account No.			Trade Debt				
Gaputis, Charles A, DO 16053 Highway 72 Rogersville, AL 35652		-					61.96
Account No. 750138-001			Copier Rental Lease				
GE Capital PO Box 740423 Atlanta, GA 30374		-					1,143.80
Account No. 7419532-002			Copier Rental Lease				
GE Capital PO Box 740423 Atlanta, GA 30374		-					2,378.56
Account No.			Trade Debt				
Global Medical 2968 Newburg Rd. Haleyville, AL 35565		-					10,089.00

Sheet no. 5 of 14 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

13,740.67

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Trade Debt				
Goldens Professional Care 611 S. Wood Ave. Florence, AL 35630		-					155.00
Account No.			Trade Debt				
Grove Medical 1089 Park West Blvd. Greenville, SC 29611		-					56,332.19
Account No.			Trade Debt				
Hellen Keller Memorial 1300 Montgomery Ave. Sheffield, AL 35660		-					997.27
Account No.			Trade Debt				
Ivans, Inc. PO Box 850001 Orlando, FL 32885		-					502.39
Account No.			Trade Debt				
Jasper Medical Supply 4330 Highway 78 East, Suite 103 Jasper, AL 35501		-					1,736.00

Sheet no. 6 of 14 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

59,722.85

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Trade Debt				
Johnston, Moore & Thompson 400 Meridian St., Suite 301 Huntsville, AL 35801		-					1,031.00
Account No.			Trade Debt				
Keller EMS PO Box 610 Sheffield, AL 35660		-					409.82
Account No.			Trade Debt				
Kerley Medical Equipment 210 Sivley Rd. Huntsville, AL 35801		-					204.00
Account No.			Trade Debt				
Labcorp PO Box 12140 Burlington, NC 27216		-					192.23
Account No.			Trade Debt				
Labor Law Poster Service 5859 W. Saginaw Hwy, #343 Lansing, MI 48917		-					125.50

Sheet no. 7 of 14 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

1,962.55

In re **Good Samaritan Hospice USA, Inc.**Case No. **09-80591**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Trade Debt				
Lakeland Community Hospital PO Box 1215 Russellville, AL		-					1,862.00
Account No.			Trade Debt				
Lister Healthcare 1404 Avalon Ave. Tuscumbia, AL 35674		-					252.62
Account No.			Trade Debt				
Lola's Flowers & Gifts 214 N. Montgomery Ave. Sheffield, AL 35660		-					90.65
Account No.			Trade Debt				
Madison Medical Plaza 1520 Chandler Rd. Huntsville, AL 35801		-					5,674.00
Account No.			Accounting Fees				
Marmann & Associates, PC 900 E. Second St. Sheffield, AL 35660		-					15,028.57

Sheet no. 8 of 14 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

22,907.84

In re Good Samaritan Hospice USA, Inc.Case No. 09-80591

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Trade Debt				
McAbee Medical, Inc. 1401 6th Ave. SE Decatur, AL 35601		-					881.96
Account No.			Trade Debt				
Metro Communications 500 N. Montgomery Ave. Sheffield, AL 35660		-					58.26
Account No.			Trade Debt				
MidSouth Resp. Services PO Box 905813 Charlotte, NC 28290		-					6,651.29
Account No.			Trade Debt				
Milner Rushing Drugs 202 West Avalon Ave. AL 35681		-					7,915.34
Account No.			Trade Debt				
NEC Financial 1 Park 80 Plaza West Saddle Brook, NJ 07663		-					2,824.01
<div> <div>Sheet no. <u>9</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</div> <div> Subtotal (Total of this page) </div> </div>							18,330.86